Veterans Health Administration Office of Academic Affiliations

2002 LEARNERS' PERCEPTIONS SURVEY



This booklet contains questions which ask you to rate various aspects of your current VA clinical training experience. Information from this survey will provide feedback for identifying areas of excellence as well as areas needing improvements. Please base your answers on your most recent experience at the VA facility identified on the label on the back of this booklet.

This is a confidential survey; anonymity of individual respondents will be preserved.

Please mail the completed questionnaire in the postage-paid envelope that came with the questionnaire as soon as possible. You may also respond to this questionnaire on the Internet at the survey's web site, http://www.on-linesurvey.com/vhalearners, using the identification number on the label on the back page of this booklet.

If you have any questions about how to complete the survey, please call 1-800-659-5432 and ask for the Learners' Survey Project Manager.

Thank you for participating in this survey.

INSTRUCTIONS

- ♦ Use a soft lead pencil. It is easier to make corrections if needed.
- **♦** Make solid marks that fill in the circle completely.
- **♦** Fill in only one answer bubble for each question.
- Watch for "SKIP TO" instructions they tell you when to skip over questions you do not need to answer.
- Mail the completed questionnaire in the postage-paid envelope provided.

61	Office of Academic Affiliations 2002 Learners	Perceptions Survey page 2
60		
59	1. Please indicate your discipline of study and the c	degree or level of training of the most recent program
58	at the VA medical facility shown on the back page: (
57	at the V/t medical lability shown on the back page.	MIARIT ONE I ONE ONCOLLY
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	A. Palace O. Occasil Badhalas	Ma Partio and Oracle (Discourse)
55	Audiology & Speech Pathology	Medical/Surgical Support (Biomedical,
54	O Master's	Cardiovascular, Respiratory, Surgical Tech, etc.)
53	Post-master's fellowship (CFY)	 Certificate or Associate
52	 Doctoral 	 Baccalaureate or Master's
51	Chaplaincy	Nurse Anesthetist
50	Certificate	 Certificate
49	Master's	O Master's
48	 Doctoral 	Nursing
47	Dentistry	 Certificate (Aides, Assistants, LPN/LVN)
46	O Dental assistant or hygiene program	O Associate
45	Dental Student	O Baccalaureate
44	Residency/fellowship - PGY 1	Master's or Post-master's fellowship
43	Residency/fellowship - PGY 2	Doctoral or Post-doctoral fellowship
42	Residency/fellowship - PGY 3	·
41		Optometry Student
	Residency/fellowship - PGY 4	Optometry Student
40 39	Residency/fellowship - PGY 5	Residency/fellowship
	Residency/fellowship - PGY 6	Pharmacy
38	 Post-residency VA Dental Research Fellow 	Certificate or Associate
37	Dietetics	O PharmD (Not resident)
36	Associate	Residency/fellowship
35	 Baccalaureate 	Physician Assistant
34	 Post-baccalaureate Internship 	 Baccalaureate
33	 Master's (Coordinated Master's Internship) 	O Master's
32	Health Information	Podiatry
31	 Baccalaureate or below 	 Podiatry Student
30	Master's	Residency/fellowship
29	Health Services Research & Development	Psychology
28	Post-doctoral associated health	Master's or below
27	(non-physician/dentists) fellows	PhD/PsyD (Not intern)
26	Imaging (Radiologic/Ultrasound Tech, etc.)	O Intern
25	Certificate or Associate	 Post-doctoral fellowship
24	 Baccalaureate or Master's 	Rehabilitation (OT, PT, KT, etc.)
23	Laboratory	Certificate or Associate
22	Certificate or Associate	Baccalaureate
21	Baccalaureate or Master's	 Master's or Post-master's fellowship
20	Medical	O Doctoral or Post-doctoral fellowship
19	Medical Student	Social Work
18	Residency/fellowship - PGY 1	Baccalaureate
17	Residency/fellowship - PGY 2	Master's or Post-master's fellowship
16	Residency/fellowship - PGY 3	O Doctoral
15	Residency/fellowship - PGY 4	
14	Residency/fellowship - PGY 5	Other Certificate or Associate
13		
12	Residency/fellowship - PGY 6	O Baccalaureate or Master's
_	Residency/fellowship - PGY 7	O Doctoral
11	O Post-residency Physician in a VA Special	Post-doctoral associated health fellowship
	Fellowship (Ambulatory Care, National	
9	Quality Scholars, Women's Health, etc.)	
0		

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you are a PHYSICIAN in		
you are a PHYSICIAN in an ACCREDITED RESIDENCY PROGRAM.	CONTINUE WITH C	UESTION 2a.
a POST-RESIDENCY VA SPECIAL FELLOV	VSHIP CONTINUE WITH C	UESTION 2b.
you are NOT a physician		
	Oh Diagon indiagta varm VA DC	OT DECIDENCY
. Please indicate your PHYSICIAN	2b. Please indicate your VA PC	
SIDENCY SPECIALTY training program	SPECIAL FELLOWSHIP trainin	g program.
nile at VA. THEN SKIP TO QUESTION 3.	VA Boot Booideney Special Co	allowobino
veision Besidency Specialties	VA Post-Residency Special For Advanced Geriatrics (GREC	ellowships
nysician Residency Specialties Addiction Psychiatry	 Advanced Genatics (GREC Advanced Psychiatry (MIRE) 	
Allergy and Immunology	Advanced T Sychiatry (White Advanced Spinal Cord Injury)	
Anesthesiology	Advanced Spirial Cold Injury Ambulatory Care	iviedicine (SCIIVI)
Cardiovascular Disease	Geriatric Neurology	
Colon and Rectal Surgery	Health Services Research &	Develonment
Critical Care	Health Issues of Women Ve	
Dermatology	 Medical Informatics 	Corario
Diagnostic Radiology	National Quality Scholars	
Emergency Medicine	Psychiatric Research/Neuro	sciences
Endocrinology	Other	301011003
Family Practice	o other	
Gastroenterology	3. Please rate your satisfaction	with your
General Surgery	CLINICAL FACULTY/PRECEPT	
Geriatric Medicine	facility as a group in the following	
Geriatric Psychiatry	radinty as a group in the renorm	9 4.040.
Gynecology		Not applicable
Hematology	Vei	y dissatisfied
Hematology/Oncology	Somewhat	
Infectious Diseases	Comewhat	Neither
Internal Medicine	Somewhat sa	
Medical Toxicology	Very satis	
Nephrology		
Neurological Surgery	Clinical skills	000000
Neurology		
Nuclear Medicine	Teaching ability	00000
Obstetrics/Gynecology	- '	
Occupational Medicine	Interest in teaching	000000
Oncology		
Ophthalmology	Accessibility/Availability	000000
Orthopedic Surgery		
Otolaryngology	Approachability/Openness	000000
Pain Management		
Pathology - Anatomic and Clinical	Timeliness of feedback	00000
Physical Medicine and Rehabilitation		
Plastic Surgery	Fairness in evaluation	00000
Preventive Medicine		
Psychiatry	Being role models	000000
Pulmonary Disease		
Radiation Oncology	Patient-oriented	000000
Rheumatology		
Onional Onnal Indiana Madiala	Evidence-based clinical	000000
Spinal Cord Injury Medicine	proctice	
Thoracic Surgery	practice	
Thoracic Surgery Urology	·	
Thoracic Surgery Urology Vascular Surgery	OVERALL SATISFACTION	00000
Thoracic Surgery Urology	·	00000

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4. Please rate your satisfaction with the LEARNING ENVIRONMENT at the VA facility in the following areas:

Not applicable

Not applicable
Very dissatisfied
Somewhat dissatisfied
Neither
Somewhat satisfied
Very satisfied

Time working with patients	0	0	0	0	0	0
Degree of supervision	0	0	0	0	0	0
Degree of autonomy	0	0	0	0	0	0
Amount of non-educational ("scut") work	0	0	0	0	0	0
Interdisciplinary approach	0	0	0	0	0	0
Preparation for clinical practice	0	0	0	0	0	0
Preparation for future training	0	0	0	0	0	0
Preparation for business aspects of clinical practice	0	0	0	0	0	0
Time for learning	0	0	0	0	0	0
Access to specialty expertise	0	0	0	0	0	0
Teaching conferences	0	0	0	0	0	0
Quality of care	0	0	0	0	0	0
Culture of patient safety	0	0	0	0	0	0
Spectrum of patient problems	0	0	0	0	0	0
OVERALL SATISFACTION WITH THE LEARNING	0	0	0	0	0	0

5. Please rate your satisfaction with the **WORKING ENVIRONMENT** at the VA facility in the following areas:

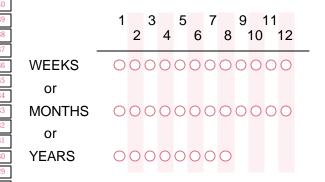
Not applicable
Very dissatisfied
Somewhat dissatisfied
Neither
Somewhat satisfied
Very satisfied

Faculty/preceptor morale	0	0	0	0	0	0
Ancillary/support staff morale	0	0	0	0	0	0
Peer group morale	0	0	0	0	0	0
Laboratory services	0	0	0	0	0	0
Radiology services	0	0	0	0	0	0
Ancillary/support staff	0	0	0	0	0	0
Call schedule	0	0	0	0	0	0
Computerized Patient Record System (CPRS)	0	0	0	0	0	0
Orientation program	0	0	0	0	0	0
Library services	0	0	0	0	0	0
Computer access	0	0	0	0	0	0
Internet access	0	0	0	0	0	0
Workspace	0	0	0	0	0	0
OVERALL SATISFACTION WITH THE WORKING ENVIRONMENT	0	0	0	0	0	0

DEMOGRAPHIC INFORMATION

This information will only be used in the analysis of the results. It will not be used to identify any survey respondent.

- 10. What is your gender?
 - Male
 - Female
- 11. How long have you been in your **current** training program? Enter the number of **WEEKS or MONTHS or YEARS**.



12. What **percent** of that time has been spent at **this** VA facility?

Enter the percent of the time you spent at this VA facility and shade in the appropriate circles	001122334456677
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RATING VA TRAINING

And now a few final questions to sum up your VA clinical training experience:

- 13. How would you **RATE THE VALUE** of your **MOST RECENT VA CLINICAL TRAINING EXPERIENCE** at this facility?
 - Excellent
 - Very good
 - Adequate
 - Fair
 - Poor

14. On a scale of 0 to 100, where 100 is a perfect score and 70 is a passing score, what **NUMERICAL SCORE** would you give your **MOST RECENT** VA clinical training experience?

Enter numerical score for your VA clinical training experience and shade in the appropriate circles	● 0 0 0 1 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0
	8 89 9

- 15. Would you **RECOMMEND** this **VA CLINICAL TRAINING EXPERIENCE TO OTHER LEARNERS** in your discipline of study?
 - O Yes
- 16. Based on your experience to date, if you had a choice, how likely would you be to **CHOOSE THIS TRAINING EXPERIENCE AGAIN**?
 - O Definitely **would** choose this clinical experience again
 - Probably would choose this clinical experience again
 - Probably **would not** choose this clinical experience again
 - O Definitely **would not** choose this clinical experience again

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17. The energy halow and an the payt norse is available for your party as a reading your MA clinical	60
17. The space below and on the next page is available for your comments regarding your VA clinical training experience. Please provide comments on the most valuable aspects of your VA clinical training	59 58
experience and the areas most in need of improvement. These comments will be shared with the medical	
facilities in order to improve the clinical training experience. Please be careful about including any	56 55
information that may identify you.	54
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Comments regarding your CLINICAL FACULTY OR PRECEPTORS (Refer to page 3, question 3)	52
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	36 35
Comments regarding the LEARNING ENVIRONMENT (Refer to page 4, question 4)	34
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-	30
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Comments regarding the WORKING ENVIRONMENT (Refer to page 4, question 5)	18
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60 59	Comments regarding the PHYSICAL ENVIRONMENT (Refer to page 5, question 6)
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43	OTHER COMMENTS regarding your VA clinical training experience
42	OTTIER COMMENTS regarding your VA climical training experience
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15 14	Thank you very much for taking the time to complete this survey. Your answers are very important.
13 12 11 10 9 8 7 6 5 4	Please mail the questionnaire in the enclosed postage-paid envelope to:
11	VA Learners' Survey Project Manager
10	Schulman, Ronca, & Bucuvalas, Inc.
8	8403 Colesville Road
7	Suite 820 Silver Spring, MD 20910
5	, -,
4	PLEASE DO NOT WRITE IN THIS AREA
3	